

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30359

FILED
Mar 26, 2009
Secretary of State

Entity Name: GLENDEVON ASSOCIATION, INC.

Current Principal Place of Business:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0181331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEESLIN, BAILEY
Address: 725 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: SD () Delete
Name: HERRICK, ANNETTE
Address: 713 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: VTD () Delete
Name: MC CULLAGH, CHARLES
Address: 727 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GEESLIN, BAILEY
Address: 725 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: PD (X) Change () Addition
Name: HERRICK, ANNETTE
Address: 713 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105 US

Title: VSD (X) Change () Addition
Name: HIGGINS, DONALD
Address: 750 GLENDEVON DRIVE
City-St-Zip: NAPLES, FL 34105 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE HERRICK

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date